

REPORT OF ACTION TAKEN  
REGARDING THE ISSUANCE OF PRIVATE ACTIVITY BONDS

California Debt Limit Allocation Committee  
915 Capitol Mall, Room 311  
Sacramento, CA 95814  
(916) 653-3255

Please complete and mail form to the above address within 15 days of issuing private activity bonds. If bonds are issued in December, please complete and mail form within 5 days of such issuance.

1. NAME OF ISSUER:  
Address/City/State/Zip:  
Contact Person: Phone: (    )  
Title: Fax: (    )
2. ISSUER'S FEDERAL EMPLOYER IDENTIFICATION NUMBER:
3. CUSIP (Committee on Uniform Securities Identification Procedures) NUMBER OF THE BOND WITH THE LATEST MATURITY (if issue does not have a CUSIP, enter "none"):
4. MAXIMUM PRINCIPAL AMOUNT: (aggregate face amount): \$  
AMOUNT OF CDLAC ALLOCATION USED: \$  
AMOUNT OF CDLAC ALLOCATION NOT USED: \$

If the Principal Amount of Bonds Issued is different from the Amount of CDLAC Allocation Used, please briefly explain the difference:

5. INTEREST RATE OF LONG-TERM BOND (SHORT TERM RATE, IF CONSTRUCTION ONLY):

~~5.6.~~ DATE BONDS ISSUED:

~~6.7.~~ NAME OF BOND ISSUE:

~~7.8.~~ PROJECT/PROGRAM NAME (identify former name if name has changed since allocation was awarded):

~~8.9.~~ PRIVATE USER NAME:

~~9.10.~~ TYPE OF PROJECT:

~~10.11.~~ COUNTY(S) IN WHICH PROJECT(S) IS/ARE LOCATED:

~~11.12.~~ CDLAC RESOLUTION NUMBER AWARDED THE ALLOCATION: #  
CDLAC APPLICATION NUMBER SHOWN ON EXHIBIT "A" OF RESOLUTION: #

For CDLAC use only:

Agenda \_\_\_\_\_

Greensheet \_\_\_\_\_

RAT Docs \_\_\_\_\_

(CONTINUED ON REVERSE PAGE)

~~42-13~~. PERSON TO BE BILLED FOR CDLAC FEE:

Title:

Phone: (    )

Firm:

Fax:    (    )

Address/City/State/Zip:

~~43-14~~. UNDERWRITER/PLACEMENT AGENT:

Address/City/State/Zip:

Contact Person:

Phone: (    )

Fax:    (    )

~~44-15~~. BOND COUNSEL FIRM:

Name of Attorney:

Address/City/State/Zip:

Contact Person:

Phone: (    )

Fax:    (    )

~~45-16~~. PERSON COMPLETING FORM (if different from #14 above):

Title:

Phone: (    )

Firm/Agency:

Fax:    (    )

Address/City/State/Zip:

The undersigned do hereby certify to the accuracy of the information contained herein.

\_\_\_\_\_  
Signature of Issuer's Representative

\_\_\_\_\_  
Signature of Bond Counsel

\_\_\_\_\_  
Print Name of Issuer's Representative

\_\_\_\_\_  
Print Name of Bond Counsel

Date:

Date: